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### Notice of Privacy Practices

## **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Clare M. Rountree, Ph.D., LLC is committed to maintaining the privacy and understands the importance of safeguarding your personal health information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you. Information regarding your health is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and if applicable 45 C.F.R Parts 160 & 164, and the Confidentiality Law, 42 U.S.C § 290dd-2, 42 C.F.R Part 2. Clare M. Rountree, Ph.D., LLC is dedicated to following the terms of this Notice. We will not use or disclose personal health information about you without your consent, except as described in this Notice or required by law. Typically, your medical record contains your symptoms, assessments and test results, diagnoses, and treatment and plan for future treatment by Clare M. Rountree, Ph.D., LLC. This information serves as a:

- Basis for planning your treatment from Clare M. Rountree, Ph.D., LLC.
- Means by communication among the many health professionals who contribute to your care;
- Legal document describing the treatment from Clare M. Rountree, Ph.D., LLC that you received;
- Means by which you or a third party payer can verify that services billed were actually provided;
- Source of information for public health officials charged with improving the health of the nation;
- Tool with which we can assess and continually work to improve the treatment provided at Clare M. Rountree, Ph.D.,

LLC we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others.

### **You have the following rights with respect to your protected health information:**

- **Obtain a copy of this Notice of Privacy Practices upon request** – You may request a copy of this Notice at any time.
- **Request a restriction on certain uses and disclosures of your health record** – You have the right to request additional restrictions on Clare M. Rountree, Ph.D., LLC's use or disclosure of health information about you by contacting the Clare M. Rountree, Ph.D., LLC HIPAA Privacy Officer. We are not required to agree to those restrictions.
- **Inspect and obtain a copy of your health record** – You have the right to inspect and obtain a copy of your health record for as long as Clare M. Rountree, Ph.D., LLC maintains the record. Clare M. Rountree, Ph.D., LLC may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant each request. Clare M. Rountree, Ph.D., LLC may deny your request to inspect and maintain a copy of your health record in certain limited circumstances. If denied access to your health record, you may request a review of the denial.
- **Request an amendment to your health record** – If you feel that your health record is incomplete or incorrect, you may request that Clare M. Rountree, Ph.D., LLC amend it. You may request an amendment for as long as Clare M. Rountree, Ph.D., LLC maintains the health record. You must submit a written request that includes a reason that supports your request to Clare M. Rountree, Ph.D., LLC, your health provider. Clare M. Rountree, Ph.D., LLC has the right to deny your request for amendment. If Clare M. Rountree, Ph.D., LLC denies your request, you have the right to file a statement of disagreement with the decision.
- **Receive an accounting of disclosures of your health record** – You have the right to receive an accounting of the disclosures Clare M. Rountree, Ph.D., LLC has made of your health record for purposes other than treatment, payment, or health.
- **Request communications of your health record by alternative means or at alternative locations** – For example, you may request that Clare M. Rountree, Ph.D., LLC contact you about your health information only in writing or communication be sent to a different residence or post office box. Clare M. Rountree, Ph.D., LLC will accommodate such requests that are reasonable, and will not request an explanation by you.

- **Revoke your authorization to use or disclose health information except to the extent that action has already been taken** – Clare M. Rountree, Ph.D., LLC will obtain written authorization before using or disclosing your health information for purposes other than those provided in this Notice. You may revoke this authorization at any time.

**Clare M. Rountree, Ph.D., LLC's Responsibilities:**

- Maintain the privacy of your health information

Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

Clare M. Rountree, Ph.D., LLC reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to you within sixty (60) days.

**How we may use and disclose your protected health information:**

*Clare M. Rountree, Ph.D., LLC will use your information for treatment:*

For example: Information you share with Clare M. Rountree, Ph.D., LLC treatment staff will be recorded in your record and used to determine the course of treatment that should work best for you. Response to treatment will be recorded to help individualize your treatment.

*Clare M. Rountree, Ph.D., LLC will use your information for payment:*

For example: A bill may be sent to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment.

*Clare M. Rountree, Ph.D., LLC will use your information for day-to-day program operations:*

For example: Clare M. Rountree, Ph.D., LLC staff may use information in your health record to assess the Clare M. Rountree, Ph.D., LLC treatment results in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide. We may also contact you for appointment reminders.

**Other uses and disclosures:**

*Business Associates:* Clare M. Rountree, Ph.D., LLC may contract with business associates to perform certain functions or activities on our behalf, such as a fiscal auditor. These business associates must agree to safeguard your protected health information.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities preventing or controlling disease, injury or disability.

*Health Oversight:* Federal and State law allow for your health information to be released to investigate fraud and abuse, for licensing and for program quality.

*Law Enforcement:* We may disclose health information for law enforcement purposes if you commit a crime on the premises or against personnel, if you are suspected of child abuse or neglect, or in response to a subpoena issued by a judge in accordance with 42CFR part II procedures.

**For more information or to report a problem:**

If you have questions and would like additional information, you may contact the Clare M. Rountree, Ph.D., LLC privacy contact at 808-489-5919 and at 1221 Kapiolani Blvd, Penthouse 38, Honolulu, HI 96814.

If you believe your privacy rights have been violated, you can file a written complaint to the Clare M. Rountree, Ph.D., LLC Privacy Officer or with the United States Department of Health and Human Services – Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. There will be no retaliation for filing a complaint.

**State & Federal Laws:**

Some of the restrictions described in the Notice may be limited in some cases by applicable state or federal laws that are more stringent than the standards described in this Notice.

**Effective Date:**

**This notice is effective as of July 19, 2015**

\_\_\_\_\_  
Name of Consumer

My signature below indicates that I have been provided a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Client or Legal Representative  
If signed by Legal Representative, relationship to client:

\_\_\_\_\_  
Date